

PTO/SB/17 (10-07)

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Effective on 12/08		Complete if Known				
Fees pursuant to the Consolidated Approp	Application Nur	Application Number 10/511,762-Conf. #6715				
│ FEE TRANS	Filing Date		October 19, 2004			
For FY 2	First Named In	ventor	Hiroyuki KATATA			
FOIFIZ	Examiner Name	;	R. I. Chu			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 2624		2624		
TOTAL AMOUNT OF PAYMENT (\$) 1,320.00 Attor			Docket No. 1152-0311PUS1			
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FI		EARCH FEES	EXAMI	NATION FEES		
Application Type Fee (\$	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility 310	155 51		210	105		
Design 210	105 10	0 50	130	65		
Plant 210	105 31		160	80		
Reissue 310	155 51		620	310		
Provisional 210		0 0	020	0		
2. EXCESS CLAIM FEES		· ·	v	Ů		Small Entity
Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (including Reissues)					210	105
Multiple dependent claims 370 185						185
<u>Total Claims</u> Extra Claims Fee (\$) Fee P		Paid (\$)	d (\$) Multiple Dependent Claims			
	· <u> </u>	50.00	0.00 <u>Fee</u>		ee (\$) Fee Paid (\$)	
HP = highest number of total claims paid for	, if greater than 20.					
Indep. Claims Extra Claims	<del></del>	Paid (\$)				
	= =	<del></del>				
HP = highest number of independent claims	paid for, if greater than 3.					
3. APPLICATION SIZE FEE	rand 100 abouts of many		: - 11 <i>6</i>			
If the specification and drawings en listings under 37 CFR 1.52(e)),						0
sheets or fraction thereof. See 3			Or Siliali (	ontrey) for each ad	ditional 5	U
<u>Total Sheets</u> <u>Extra Sheet</u>		additional 50 or frag	tion there	of Fee (\$)	Fee	Paid (\$)
- 100 =	/50 =	_ (round up to a who	ole number)		:	
3						Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1252 Extension for response within second month					810.00 460.00	
SUBMITTED BY						
Signature Signature	Trave Illian -	Registration No.	29,271	Telephone	(703) 20	5-8000
Name (Print/Type) Charles Gorenste	in #52	(Attorney/Agent)	,,		March 19, 2008	

CG/CMV/ta Birch, Stewart, Kolasch & Birch, LLP